MEDICAID
Overview and Operational Structure

Presentation to the Government Restructuring Task Force

Katie Falls, HSD Secretary
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Contents

What is Medicaid?

Medicaid is a federal entitlement program that was established in 1965 as part of President Johnson's "Great Society" program. It was originally established only for people receiving cash welfare assistance – known then as Aid to Families with Dependent Children (AFDC). Since then, it has been expanded by Congress to fill coverage gaps left by the private insurance system and has become the primary mechanism used by states to reduce their number of uninsured.

Medicaid funds nearly a sixth of the total national spending on personal health care.

- It is the nation's largest source of health care coverage for children.
    - In NM, 329,504 children ages 0 -21 are on Medicaid; 53% of the state's total children
- Medicaid covers about 7 of every 10 nursing home residents and finances over 40% of nursing home spending and long-term care spending overall.
    - In NM, in 2009, Medicaid covered 5 of every 10 nursing home residents and financed about 60% of nursing home and long-term care spending overall.
- Primary source of health care coverage for pregnant women
    - In NM, Medicaid pays for 50% of births.
- It is the largest source of public funding for mental health care.
    - In NM, Medicaid paid $237.2 million in expenditures for behavioral health services
- Provides assistance for more than 8 million low-income Medicare beneficiaries.
    - In NM, Medicaid assists over 62,000 low-income beneficiaries.

In addition, Medicaid supports the safety-net institutions, such as hospitals and health clinics that provide health care to low income and uninsured individuals. For example, Disproportionate Share Hospital (DSH) payments provide substantial support to hospitals that provide uncompensated care to the uninsured.

- For Federal Fiscal year 2010, the total DSH Amount available to New Mexico is $29,495,296 ($21,044,894 federal allotment, $8,450,402 state general fund).
- Nineteen hospitals in NM qualify in FY 10 to receive DSH payments.

Medicaid is jointly funded by federal and state dollars and supported by federal and state laws. Federal law dictates minimum requirements to which all states must adhere but states have broad authority to define many aspects of their Medicaid program. This includes defining eligibility levels, services, provider reimbursement amounts, and delivery systems.

Because of the broad discretion that states are given in creating Medicaid programs, there basically are 50 plus distinct Medicaid programs across the nation, with significant variance in programmatic features.

Medicaid is also referred to sometimes as a Title XIX program as that is the section of the Social Security Act that creates the program. The Children's Health Insurance Program (originally SCHIP and now CHIP) was created in Title XXI of the Social Security Act so reference to Title XXI is used when talking about CHIP funding.

Who is Covered by Medicaid?

To qualify for Medicaid, a person must meet financial criteria AND belong to one of the groups that the state has defined as "categorically eligible." An individual must also be a citizen or lawfully residing immigrant.

Because each state can determine its own eligibility levels, there are huge discrepancies across the nation regarding individuals' access to the Medicaid program, in particular for adults.

To receive federal matching funds, all states must cover groups of people that federal law has defined as "mandatory populations."

Mandatory populations

- Children under age 6 and pregnant women with incomes below 133% FPL
- Children age 6 to 18 below 100% FPL
- TANF Families (Parents below states' July 1996 welfare eligibility levels; for NM this is 85% FPL and below)
- Individuals who receive SSI (income eligibility equates to 75% FPL for an individual)
- Individuals living in Medical Institutions up to 300% SSI Income Standard
- Low Income Medicare Beneficiaries (provides assistance with Medicare premiums)
- Relatives or Legal Guardians who are caretakers of Children under Age 18 (or 19 if still in high school)

States can expand Medicaid to groups of people beyond the mandatory population. These additional groups covered by states are called "optional populations." All states have expanded coverage to include optional groups.

Optional Populations Covered in New Mexico

- Children ages 0 to 19 years with incomes up to 235% FPL
    - Due to income disregards, children up to age 6 years are covered up to about 300% FPL
- Pregnant Women up to 185% FPL for pregnancy related services (not full benefit package)
- Children Aging out of Foster Care up to Age 21 years
- Women for Breast and Cervical Cancer Treatment
- Working Disabled Individuals (WDI program)
- Waiver and other services for individuals who are 65 and over, Blind or with a disability

Other Optional Populations that are allowed by federal law but not covered in New Mexico

- Low-income parents with incomes above the 1996 AFDC level (some are covered in New Mexico by SCI)
- Medically needy – individuals with incomes too high to qualify as mandatory but who have medical needs
- Children under age 21 who are full time students

While states can determine who is eligible for the Medicaid program, they cannot limit enrollment or establish a wait list as Medicaid is an "entitlement program." States can however limit enrollment in the CHIP program and waiver programs. Since New Mexico provides CHIP as a Medicaid expansion, as opposed to a stand-alone program, we cannot limit enrollment for CHIP eligible children.

State Coverage Insurance

NM expanded coverage to adults – both parents and childless adults – in 2005 through the State Coverage Insurance (SCI) program. This was done through a waiver using CHIP funds, which allows NM to access more federal funds, limit the benefit package and cap enrollment.

How New Mexico Compares to Other States

- NM is one of 45 states including DC that covers pregnant women over 133% FPL. Eight states have income thresholds higher than New Mexico's which is at 185% FPL.
- NM is one of 30 states that permits presumptive eligibility for pregnant women.
- NM is one of 14 states that allow presumptive eligibility for children.
- All 50 states provide a Breast and Cervical Cancer category of eligibility for uninsured women who would not otherwise qualify for Medicaid.
- 45 states have coverage for populations equivalent to our Working Disabled Individuals program.
- NM is one of 27 states that have family planning waivers.
- 34 states plus District of Columbia covers the Medically Needy population – NM does not.

<u>Adults' Income Eligibility Thresholds across the Nation</u>

- < 50% FPL – 17 states
- 50% to 99% FPL – 17 states
- 100% FPL or greater – 17 states, including DC
- New Mexico is in the middle group at 85% FPL

Regarding children, all states have expanded eligibility for those ages 0 to 5 years above 133% FPL.

New Mexico is one of 31 states that have expanded eligibility for children ages 6 to 19 years above 100% FPL separate from a stand-alone CHIP program.

States have used their CHIP funding to expand Medicaid eligibility for children ages 0 to 19. The expansion ranges from a low of 175% FPL (Alaska) to a high of 400% FPL (New York). Some of these programs are separate CHIP programs with higher cost-sharing and limited benefits. New Mexico covers children to age 19 with family incomes up to 235% FPL.

What Services Does Medicaid Cover?

The federal Medicaid statute requires each state to provide services that they have deemed to be mandatory.

Mandatory services

- Physician services
- Hospital services (inpatient and outpatient)
- Laboratory and x-ray services
- EPSDT for individuals under 21
- FQHCs and Rural health clinic services
- Family planning services and supplies
- Pregnancy-Related Services
- Pediatric and family nurse practitioner services
- Nurse midwife services
- Nursing facility services for individuals 21 and older
- Home health care for persons eligible for nursing facility services
- Transportation services
- Medical and Surgical Services of a Dentist

Early Periodic Screening, Diagnosis and Treatment (EPSDT) is a mandatory service that entitles Medicaid recipients under age 21 to all services authorized by the federal Medicaid statute. This includes services that are considered optional for other Medicaid populations, many of which are not covered by private health care coverage. EPSDT covers screening, preventive and early intervention services and diagnostic services and treatment determined to be necessary to correct or ameliorate children's acute and chronic physical and mental health conditions. The definition of "medical necessity" in EPSDT is broad to allow for promoting children's health development.

As with populations covered, states have broad flexibility to expand Medicaid benefits beyond mandatory services. All states have expanded their Medicaid benefit package to include some optional services as many of these services are seen as essential though labeled "optional."

Examples of Optional Services covered in New Mexico

- Medications
- Behavioral Health Services
- Dental services, including dentures
- Physical, occupational and speech therapies
- Vision services, including eyeglasses
- Podiatry
- Emergency Hospital Services
- Hospice Care
- Prosthetic Devices and other Durable Medical Equipment
- Services of other practitioners, e.g. psychologists, social workers, nurse anesthetists, private duty nurses
- Nursing Facilities for under age 21
- ICF/MR Services
- Home and Community Based Waiver Services for D&E, DD, HIV/AIDs and Medically Fragile Individuals

Examples of Optional Services Not Covered in New Mexico

- Chiropractic
- Acupuncture
- Dental Hygienists working independently
- Waiver Services Specifically for Those with Autistic Spectrum Disorders

How New Mexico Compares to Other States

Optional Benefit	New Mexico Coverage	Other States Coverage
Prescription Drugs	Yes	50
Some form of Behavioral Health Services	Yes	50
Dental Services	Yes	45
Dentures	Yes	34
Eyeglasses	Yes	43
Prosthetic Devices	Yes	49
Durable Medical Equipment	Yes	50
Hearing Aids	Yes	34
Personal Care Services	Yes	30
Hospice Services	Yes	47
Home and Community Based Waivers	Yes	50
Medical care furnished by other practitioners; ▪ Nurse practitioner ▪ Chiropractor ▪ Optometry ▪ Psychologist	 Yes No Yes Yes	 49 28 50 34

Waivers

The federal Medicaid law allows state to request a *waiver* from the federal rules in order to establish a program that may better serve the state's population. The 3 primary types of waivers that are requested by states are listed below.

1. Home and Community-Based Services Waivers – 1915c: This waiver allows a state to provide community-based long-term care services to individuals who otherwise would likely need to be served in a nursing facility.
2. Freedom of Choice Waivers – 1915b: This type of wavier allows a state to waive the "free choice of provider" requirement. Prior to the 1997 Balanced Budget Act, states often sought this type of waiver to implement managed care by restricting the recipients' choice of providers. This type of waiver also permits states to avoid requiring "comparability of services" and "statewideness", two components which mandate that states offer the same coverage to all categorically needy recipients statewide.
3. Section 1115 Research and Demonstration Waivers permit states to waive basically any part of the federal statute regarding mandatory eligibility, benefits or delivery systems.

New Mexico has several waivers in the Medicaid Program.

- The SALUD! MCO program, Behavioral Health, and CoLTS programs are all operated under 1915 b waivers.
- 1915 c waivers in New Mexico are Developmental Disabilities; Disabled and Elderly waiver (also known as CoLTS c); Mi Via; Medically Fragile; and AIDS. Forty-eight states have Developmental Disabilities Waivers while all 50 states have some form of aged/blind/disabled waiver.
- The SCI program operates under two 1115 Demonstration Waivers (one that covers childless adults funded by Title XIX and another that covers parents funded by Title XXI), Family Planning also operates under a 1115 Demonstration Waiver. New Mexico is one of 25 states that has Family Planning Waivers.

Benchmark Plans

The Deficit Reduction Act (DRA) in 2005 allowed states to provide "benchmark" plans to specific groups of Medicaid enrollees. This enabled states to offer different services to different groups of people. However, if a state elects to offer benchmark coverage to certain populations, they must still provide EPSDT services to children, even if those children are enrolled in a benchmark plan.

The federal law also stipulated that certain groups of people cannot be offered just benchmark coverage. Groups that cannot be limited to benchmark coverage include:

- Mandatory pregnant women and parents,
- Individuals with severe disabilities,
- Individuals who are medically frail or have special needs
- Dual eligibles
- People with long-term care needs
- And specified other groups

Cost-sharing

The DRA legislation also increased the amount of cost-sharing that can be imposed on Medicaid enrollees. However, there are still strict rules in this area.

- Premiums are prohibited for most children and adults below 150% FPL
- Total of premiums and cost-sharing cannot exceed 5% of the family income and is limited to 10% of the cost of service
- For children and adults with incomes greater than 150% FPL, the total of premiums and cost-sharing cannot exceed 20% of the cost of the service
- Cost-sharing for preventive care is prohibited for all children regardless of income level

How is Medicaid Financed?

Medicaid is funded jointly by the states and federal government through the Federal Medical Assistance Percentage (FMAP) for medical services and the Federal Medicaid Administrative Match (MA) for administrative costs.

The amount of Federal Medical Assistance Percentage (FMAP) that states receive is based on state per capita income relative to the national average. All states receive at least 50% FMAP but can not receive more than 83% FMAP.

New Mexico's FMAP for Federal Fiscal Year 08 was 71.04% for the Title XIX Medicaid program and 79.62% for the CHIP program (Title XXI).

In Federal Fiscal Years 09 and 10, the state's FMAP for the Title XIX Medicaid program was increased due to the ARRA enhanced FMAP. During this time period, New Mexico's FMAP has ranged from 77.24% to 80.49%. FMAP for the CHIP program was at 79.62% in FFY 09 and 79.95% in FFY 10.

When the ARRA enhanced FMAP expires, New Mexico's FMAP will be 69.78% and the CHIP FMAP will be at 78.85%.

There is currently a proposed extension of the ARRA enhanced FMAP being considered by Congress that would result in NM's FMAP being 77.66% for January – March 2011 and 75.78% for April – June 2011. The result of phasing out ARRA FMAP is an additional shortfall of $56 million to the Medicaid program.

There is a possibility that the ARRA FMAP will not be extended beyond December 31, 2010. The result of losing the ARRA FMAP is an additional shortfall of $160 million in General Fund to the Medicaid program.

Unlike the FMAP for medical services, the Medicaid Administrative Match is the same across all states and generally 50% of the administrative costs. Some administrative costs that qualify for higher Federal matching rates include: development of new IT systems that can receive a federal match of 90%, while operation and maintenance of an IT system can qualify for 75% FMAP; skilled professional and medical personnel, medical/utilization review costs earn a 75% federal share, and kids and parents CHIP admin is 100% federally covered.

In addition to state general funds, NM's Medicaid program receives revenue from other state funds and sources.

- ***Tobacco Settlement Revenue***: The Medicaid program receives funding of $5,015.0 in its base budget primarily for the Breast and Cervical Cancer program. Due to rising costs of the Medicaid program, additional appropriations from the Tobacco Settlement funds have been allocated in fiscal years 09, 10 and 11 in amounts of $23,835.0; $24,857.5; and $23,191.8 respectively.
- ***Sole Community Provider Funds***: In SFY2010, $178,896,252 was made in payments to 27 to qualifying hospitals ($143,523,991 federal share, $35,372,261 state general fund). In addition, $77,199,127 was paid for the Supplemental Piece, also known as the UPL payment, which is designated to Sole Community Provider Hospitals but is also made available to the University Hospital. ($69,342,401 federal share, $7,856,726 state share). In FY 11 there are a total of 28 hospitals that will receive Sole Community Provider Funds.
- ***County Supported Medicaid Revenue***: County Supported Medicaid revenues totaled $24,515,106 in FY 10.
- ***Miscellaneous Revenue***: Fraud and Abuse, Drug Rebates, Cost Settlements, refunds and recoveries generated $17,141,923.

How Much Does Medicaid Cost?

NM's Medicaid Program budget for FY 11 is $591,262,000 in state dollars. With the federal matching dollars, the Medicaid program has a budget projection of $3.9 billion.

The budget for NM's Medicaid Program includes $55,216,900 for administrative costs or 1.4% of the total budget (federal and state funds). This money is used to support costs such as our MMIS system (claims payment IT system), actuarial analysis needed to establish MCO and provider payment rates, federally required audits and staffing.

By far the majority of the funding for the Medicaid program goes to purchase medical services for the 550,311 people enrolled in Medicaid (March 2010 data, number inclusive of all Medicaid recipients, including SSI and SCI).

Percentage of Medical Expenses by Major Category

(Data from the SCI Program)

Medical Expense Category	Percent of Total Expended
Outpatient Hospital – facility only	34.0%
Physicians – Specialists	18.8%
Inpatient hospital – Facility Only	16.9%
Pharmacy	16.9%
Emergency Room – Facility Only	9.4%
Physician – Primary Care	2.2%
Mental Health – All Other	1.3%
Mental Health – Inpatient	0.3%
Home Health	0.1%
TOTAL	**100%**

Salud! Managed Care Organizations Expenditures and Utilization

(As reported by the MCOs)

FY 09

SERVICE	Utilization	Expenditures
Inpatient Hospital	382,967	$212,853,482
Outpatient	408,267	$234,234,917
Transportation	48,615	$18,010,225
Clinics – FQHCs/RHCs	166,196	$20,563,009
Indian Health Service	15,501	$5,547,937
Case Management	1,652	$509,049
Home Health and Hospice	18,441	$11,636,266
Physician Visits	1,451,821	$165,882,992
Laboratory	301,640	$26,103,347
Radiology	190,795	$36,179,174
Other Practitioners	16,286	$2,418,144
Therapies	62,036	$13,192,326
Home Infusion	23,470	$7,165,429
Medical Supplies, O & P	47,967	$22,248,875
Prescribed Drugs	2,439,558	$106,116,342
Dental	307,974	$67,330,984
Vision	1,068	$7,425,482
Value Added Services	7,597	$363,045
Sub capitations		$65,767,211
➢ Clinics		➢ $6,296,129
➢ Dental		➢ $2,463,643
➢ DME/Medical Supply		➢ $6,942,564
➢ Global Capitation Charges		➢ $45,146,769
➢ Network Access related charges		➢ $688,642
➢ Physician		➢ $3,227,789
➢ Transportation		➢ $994,214
➢ Vision		➢ $7,466
Other (BH)	31,183	$6,163,685
Total	5,923,034	$1,029,711,918

While Medicaid is a publicly financed health care program, the program purchases its services primarily through the private sector. Managed care is the most common delivery system for the provision of Medicaid services. In 2008, 70% of Medicaid enrollees nationwide received some or all of their services through managed care arrangements. The two primary models of managed care in Medicaid are MCOs and primary care case management.

Medicaid Managed Care Penetration Rates in 2008

- 0 – 50% 5 states
- 51 – 70 % 20 states including DC
- 71 – 80% 9 states
- 81 – 100% 17 states

NM's Medicaid population enrolled in managed care was at 65.11% in 2008. The national average at that time was 69.82%, with three states being 0 percent in managed care: Alaska, Virgin Islands and Wyoming. However, eleven states in that time period were over 90%. With the addition of the Coordinated Long Term Services (CoLTS) program in 2009, the number of New Mexico's Medicaid recipients enrolled in managed care has grown to about 74%.

Costs to the Medicaid program include the provider fees we pay to practitioners, hospitals and clinics for providing medical services to Medicaid recipients. Since the federal law does not stipulate the payment amount, there is significant variation across the states as to provider payments. As a reference point, states' provider payments for Medicaid are compared to Medicare provider fees as those are standardized by the federal government.

Medicaid to Medicare Provider Fee Ratios for All Services

- < 70% - 11 states including DC
- 70 – 84% 7 states
- 85 – 99% 21 states
- 100%+ 11 states

NM's payment to Medicaid providers is an average of 99% after a 3% provider rate reduction was implemented in December 2009.

Medicaid's Role in our health care system and the economy

Medicaid is the largest source of federal revenue for states and has a major impact on a state's economy and job market. Known as the "multiplier effect," Medicaid spending generates more income and purchasing by businesses and individuals across the state.

Medicaid is a large source of payment for hospitals, practitioners, medical supply companies and pharmacies. In addition, millions of jobs are created nationwide through Medicaid funding. Beside the impact on health outcomes, cuts to Medicaid funding have a ripple effect of eliminating jobs and reducing family incomes.

In January 2009, the Kaiser Foundation compiled and reviewed findings from 29 studies in 23 states that analyzed the role that Medicaid funding plays in state and local economies. Their key findings follow.

1. *Medicaid spending generates economic activity including jobs, income and state tax revenues at the state level.*

2. Regardless of the economic model, all studies show Medicaid spending has a positive impact on state economies. The magnitude of the impact is dependent on state Medicaid spending, a state's matching rate (FMAP), and the economic conditions in a state.

3. Reductions in state and federal Medicaid spending will lead to declines in federal Medicaid dollars, decreases in the flow of dollars to health care providers, and consequently lead to declines in economic activity at the state level. For example, due to the federal match, a state with a 60 percent FMAP must cut overall Medicaid spending by $2.40 to save $1 in state Medicaid spending.

With New Mexico receiving $3 to $4 dollars for every dollar we spend in the program, Medicaid funding has a significantly positive role in supporting jobs, incomes and purchases across our health care delivery system, associated businesses and vendors, and on household consumption, tax collection and the New Mexico economy as a whole.

Administration of the Medicaid Program in New Mexico

The Human Services Department is the single state Medicaid Agency in New Mexico and responsible for overseeing all Medicaid programs and funding for the federal government. However, the actual administration of Medicaid programs and services is shared with several state agencies. For example, the Department of Health administers the daily operations of the DD, Medically Fragile and Aids waivers. DOH receives the general fund appropriations for these programs and shares responsibility with HSD for program oversight, policy development and quality management. The Aging and Long Term Services Department administers the CoLTS Waiver and Personal Care Option, also funded with Medicaid dollars. Both ALTSD and HSD receive general funds for these programs and share responsibility for the program and oversight.

Because Medicaid is a large funding source for many health services, the Human Services Department contracts with many organizations and partners with many more. See attached handout.

How does Health Reform Reshape Medicaid for the Future?

Eligibility

The Patient Protection and Affordable Care Act (PPACA) expands Medicaid eligibility to non-Medicare individuals under the age of 65 with incomes up to 133% FPL. For New Mexico, we anticipate about 142,000 individuals who are currently uninsured and ineligible for Medicaid today will be enrolled in the Medicaid program in 2014.

PPACA will eliminate the huge discrepancies in Medicaid programs across the states by establishing uniform procedures for eligibility and income calculation. Currently, NM's Medicaid program has a wide range of income disregards for each of the 54 categories of eligibility across the program. Under PPACA, there will be one income disregard, which is 5%, across the traditional Medicaid program (does not include waivers). This will in essence expand Medicaid eligibility up to 138% FPL and eliminate the complexities of determining Medicaid eligibility, making it much more straightforward as to who is eligible and who is not.

The federal health care reform law requires a streamlined, web-based application for Medicaid that will also be used to determine eligibility for tax subsidies on the Health Insurance Exchange. By 2014, access to the Medicaid program will be simpler and available through more avenues.

Services

The federal government will identify essential benefits that must be provided in benchmark plans and plans sold on the Exchange. This will provide some continuity in health benefits across the states' Medicaid plans.

The federal health care reform law provides mechanisms for states to expand and improve their services in the long-term care arena. Several new programs and options are offered, and grant funding to launch these programs is being made available now.

Financing

Beginning in 2014, the cost of services for the expansion of individuals up to 138% FPL (with 5% income disregard) will be fully funded by the federal government with 100% FMAP to the states. The 100% FMAP will continue until 2017, when the FMAP begins to decline as follows: 95% FMAP in 2017; 94% FMAP in 2018; 93% FMAP in 2019; and 90% FMAP in 2020 and beyond.

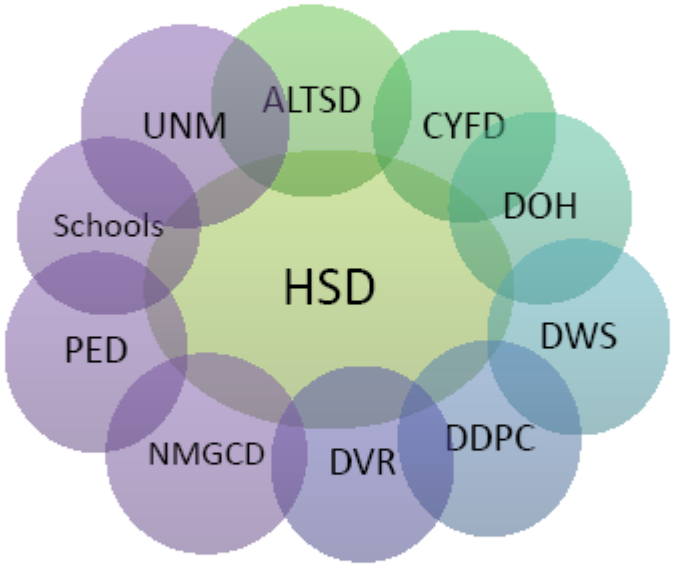
For FY 2016 through 2019, PPACA provides additional federal funding for the Children's Health Insurance Program (CHIP) by increasing the FMAP as much as 23 percentage points but not to exceed 100% FMAP. For New Mexico, this means we will receive 100% FMAP for the Title XXI program during this time period.

For FY 2013 and 2014, states will receive federal funding to increase Medicaid payment for primary care services provided by primary care doctors to 100% of the Medicare rate.

Sources:

- ***Kaiser commission on Medicaid and the Uninsured "A Foundation for Health Reform"*** www.**kff.org/medicaid/upload/8028.pdf**
- ***Kaiser Commission / "Medicaid A Primer 2010" report www.kff.org/medicaid/7334.cfm***

HSD's Programs Overlap Across Multiple Agencies



New Mexico Human Services Department

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Agencies Overlap

- **Aging & Long-Term Services Department (ALTSD)**
  - Traumatic Brain Injury (TBI) waiver
  - Program of All-Inclusive Care for the Elderly (PACE)
  - Disabled & Elderly (D&E) waiver (with DOH)
  - *Mi Via* (with DOH)
  - Coordination of Long-Term Services (CoLTS) (with DOH)
- **Children, Youth & Families Department (CYFD)**
  - Determine and update eligibility for children or adolescents in child protective services
  - Behavioral health for children and adolescents
- **Department of Workforce Solutions (DWS)**
  - WDI (with DVR, DOH, NMGCD and UNM)
- **Division of Vocational Rehabilitation (DVR)**
  - Disability determinations
  - WDI (with DOH, DWS, NMGCD and UNM)

New Mexico Human Services Department

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Agency Overlap

- Department of Health (DOH)
  - D&E waiver (with ALTSD)
  - Long-term care
  - Intermediate Care Facilities for the Mentally Retarded (ICF-MR)
  - PASRR Level I & II
  - MR assessments
  - Early intervention
  - AIDS waiver
  - Developmental Disabilities (DD) waiver
  - Medically fragile waiver
  - Federally-Qualified Health Centers (FQHCs)
  - Families First
  - Nurse aide training
  - County maternal child health
  - Emergency contraceptive services / Plan B
  - Early & periodic screening
  - Maternal child health initiatives
  - Families Infants & Toddlers (FIT)
  - *Mi Via* (with ALTSD)
  - CoLTS (with ALTSD)
  - School-Based Health Centers
  - Working Disabled Individuals (WDI) (with DVR, DWS, NMGCD and UNM)
  - Bureau of Vital Statistics

New Mexico Human Services Department

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Agencies Overlap

◆ Public Education Department (PED)	◆ School health; ◆ Medicaid School-Based Services (with school districts)
◆ School Districts	◆ Medicaid School-Based Services
◆ University of New Mexico (UNM)	◆ Envision ◆ WDI (with DOH, DWS, NMGCD and UNM) ◆ State Coverage Insurance (SCI)
◆ Developmental Disabilities Planning Council (DDPC)	◆ Operation of Information Center for New Mexicans with disabilities and Baby Net

New Mexico Human Services Department

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